

JAN 25 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

46887  
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821  
(b) Township \_\_\_\_\_ Primary Registration District No. 4553 Registered No. \_\_\_\_\_  
(c) City Sikeston (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Phillip H. Gross

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WHO WAS HIS WIFE OR HIS HUSBAND'S WIFE OR HUSBAND? Nettie Gross  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
73 8 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Proprietor  
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery store  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) Farmington  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Christopher Gross  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Jago  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT Less Gross  
(ADDRESS) Sikeston, Mo.

18. BURIAL PLACE Sikeston, Mo. DATE Dec. 12, 1937

19. FUNERAL DIRECTOR H. J. Welsh  
(ADDRESS) Sikeston, Missouri

20. FILED 1-8 19 38 Missouri  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1935, to Dec. 8, 1937  
I last saw him alive on Dec. 8, 1937 Death is said to have occurred on the date stated above, at 4:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Cardiac 1935  
Valvular Disease

Other contributory causes of importance:  
Ch. Nephritis  
Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cloned there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Thayer E. McClure M. D.  
(Address) Sikeston, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

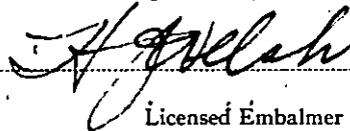
I, Henry J. Welsh, Licensed Embalmer No. 774

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harvey S. Johnson

L E 3704

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed



Licensed Embalmer No. 774

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**